NMBHI ... Las Vegas Incident Report Form PRIMARY: CLIENT/STAFF INVOLVED → Staff Aggressor O Victim Witness Date Incident Occurred Time Incident Occurred Date Discovered if Different than Date of Incident AM PM Division Unit O ADM O Housekeeping/Laundry O APD - Choices/Isleta 1B O CBS - Main O FTU - Creston A/STOP O LTC - Evergreen South O APD O LTC O APD - Cortez O CBS - Mora O FTU - Creston B/STOP O LTC - Juniper North O CARE O NSG O APD - Pinewood/Isleta 1A O CBS - Pecos O FTU - C-Wing/ACU CBS O LTC - Juniper South O PLANT O CBS - Santa Rosa O APD - Sierra O LTC - Ponderosa 1 O FTU - D-Wing/CCU O Dietary O S&C O APD - SPU/Isleta 2 CBS/ALF - El Paso O FTU - MSU O LTC - Ponderosa 2 O FTU O Security/Safety CBS/ALF - MESA CBS/ALF - Vega O APD - Tesuque 1 O LTC - Ponderosa 3 O LTC - Aspen North O General Service O Other O APD - Tesuque 2 O LTC - Aspen South O LTC - Ponderosa 4 O CARE FTU - B-Wing/WU Other - Pinon O LTC - Evergreen North Other - Zuni CLIENT(s) INVOLVED Aggressor O Victim Witness Aggressor O Victim Received O Aggressor O Victim OTHER(s) INVOLVED UNK O Staff O Aggressor O Victim Witness Standard & Compllance O Staff Aggressor O Victim Witness O Staff O Aggressor O Victim O Witness DESCRIPTION OF WHAT YOU SAW OR HEARD BEFORE & DURING INCIDENT (Staff with the most knowledge completes this section) What was happening before the incident? What happened during the incident? Enter name of the person completing above section. Date Completed. PHYSICIAN/NURSE/SUPERVISOR ASSESSMENT/ACTION AND INTERVENTIONS TAKEN Assessment/Treatment Summary

Immediate Action Taken at time of Incident (treatment/safety measures to protect and safeguard patient)

Placer review attached letter - no name attached

Enter name of the person completing above section

Richard D. Chint

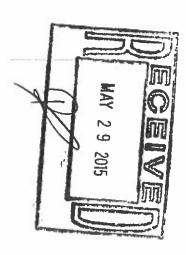
Date Completed 6/01/5-

What was the cause or contributing factors? ANDRY JUCALS LATA Prevention measures or interventions taken to prevent reoccurrence **Recommendation of the person completing above section.** Was Treatment Plan Modified? \(\text{Yes} \) No \(\text{NN} \) NA Enter name of the person completing above section. **Provided Type of Incident Type - check all that apply TYPE OF INCIDENT CONFLICT ASSAULTIVE BEHAVIOR GRIEVANCE COMPLAINT BY No Injury Injury - Potient Patient Physical Contact Visitor Physical Contact Visitor Physical Contact Physica	PROBABLE CAUSE & PREVENTION		
Prevention measures or interventions taken to prevent reoccurrence Reconstructed Towart Greaton Interventions taken to prevent reoccurrence	What was the cause or contributing factors?		
Was Treatment Plan Modified? Yes No N/A	Anonymous lette		
Was Treatment Plan Modified?	Prevention measures or interventions taken to prevent reoccur	ence:	
INCIDENT TYPE - check all that apply TYPE OF INCIDENT CONFLICT/ ASSAULTIVE BEHAVIOR GRIEVANCE/ COMPLAINT BY No Injury Patient Patient Patient Patient Patient Patient Patient Visitor Visitor Visitor Physical Contact Verbal GRIEVANCE/ COMPLAINT TYPE Injury - Unknown Origin Physical Contact Verbal GRIEVANCE/ COMPLAINT TYPE Major/ Significant Injury - Fracture Inappropriate Behavior Other Other Dietary/Food Major/ Significant Injury - Joint Dislocation Other Dietary/Food Environment/Equip / Supplies Financial Interpersonal Infection Control/Exposure Property/Damage/Loss/Theft Personal Items Provider Preference Safety/Emergency Other O	Reconnected In	westigation into	matter
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No Injury Patient Patient vs Staff Patient Pat	-		
Injury - Patient Patient vs Staff Family/Guardian Visitor	TYPE OF INCIDENT	CONFLICT/ ASSAULTIVE BEHAVIOR	GRIEVANCE/ COMPLAINT BY
Was a Notice of Accident Form Completed? Yes No Was the Employee seen by NMBHi MD?	Injury - Patient Injury - Staff Injury - Unknown Origin Minor Monderate Injury Major/ Significant Injury - Fracture Major/ Significant Injury - Joint Dislocation Major/ Significant Injury - Head Major/ Significant Injury - Altered Consciousness Major/ Significant Injury - Subdural Hematoma Death Medical Condition	Patient vs Staff Staff vs Staff Physical Contact Verbal Inappropriate Behavior Other ENVIRONMENT OF CARE Fire/Hazard/Utilities Grounds Infection Control/Exposure Property/Damage/Loss/Theft	Family/Guardian Visitor GRIEVANCE/ COMPLAINT TYPE Clinical/Care/Meds Conflict/Safety Dietary/Food Environment/Equip /Supplies Financial Interpersonal Personal Items Provider Preference
○ Yes ○ No	Was a Notice of Accident Form Completed? Yes No No Was the Employee seen by NMBHI MD?	1.50	

CLASSIFICATION	- 1	1	DHI/ Other External			MISSING			
Accident ER Visit FALL HIPAA Hospitalization HR Policy/Protocol Deviation Patient Rule Deviation Self Injury Suicide Attempt/Ideation X-Rays/CT Scans Other Fall	Abuse Exploitation Injury of Unknown Origin (Significant) Neglect Significant Injury Other (I E. Emergency Disaster, Sexual Contact)					Attempted Elopement Attempted Escape - FTU Elopement off Campus Escape - FTU Temporarily Missing Unexpected Absence - CBS Time Discovered Missing Time Returned Was Law Enforcement Notified? Yes No Was Elopement Report Attached? Yes No			
On Falling Leaves Program			Rec	eived		ON RETURN			
			JUN 0	1 2015		Was Patient Assessed & Documented O Yes O No Was a Body Check Documented O Yes O No			
			PATIENT ASSESSMENT	Loubligues	9				
Client/Patient Name: Was the Client Patient? Assessed Injury Treated		Was the	ofient Name: Client Patient? sessed Injury Treated		tient Name: Client Patient? sessed Injury Treated				
Was Nursing Assessment Completed? Yes	O No	Was Nur	ursing Assessment Completed? O Yes O No Wa			Nursing Assessment Completed? Yes No			
If Yes, Completed by Whom? If yes, Enter the Date:						Yes, Completed by Whom? yes, Enter the Date:			
	_		NOTIFICATION RECORD - Co	ntacts made					
			hencon contract			IME CONTACT MADE BY			
Emergency "5555"	· · ·				-	CONTROL MADE BY			
O PBX 2100 or "0"									
O Security 2308	7								
○ Safety 2345			FI						
Administrator/ Administrator on Call "0"									
Nurse Administrator/ House Nurse 2227									
On Call Physician "0"									
O Division Director									
O Internal Rev 2284									
O Incident Call in 2442									
S&C Incidents 2630									
O Housekeeping 2187									
○ Plant 2250									
O Infection Control 2149									
O DHI/APS/CYFD/MCO/Law Enforcement/Other External, etc									
Guardian, Family or Other									

I was told and everybody knows that superviser john vigil has a lot bottels of the patientes meds in his desk, and some are ativans and narcotics and investegations. You canot tell him how you found out cuase he will know who send this letter. locked away. Also hundreds of dollars of there money to. John vigil is the psych tech superviser at the arches. We will send to HR patient avocate

Meceived JUN 0 1 2015 Standard & Compliance



Revised 04/08/09

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New Mexico Department of Health

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HFL&C IN	CIDENT PER	ORT (CEV	IFL&C INCI 2010) Casa #	DENT P	REPORT (SFY 20101	Case #
Name of	Fire -	UKI (SFY	2010) Case #	SECTIO	N 1 - CON	SUMER INFO	Case #: PRMATION
Consumer	17118			Middle:		Last	The state of the s
Social Security #				Gender:	□Maie		
Residence	4	8 15 W Z V		- Ganger,	Female	DOB:	142 1 200
Address	Street Address:	l Ca		City:		Zip	
Consumer Co	mpetency Lovel	ADI O DAY	s Bluck	City:	Vasus	WH	Phone: 505-454-2400
□High □Mod	mpetency Level	Mulking Div	ent Needs Assist	апсе With)	Check All That	Apply	
Name of Doc	erate OLow s): Subjump h stor & Phone D	N. M.LIN	α .	rallne	Infelieur	- Functur -	Astin
SECTION 2	– DESCRIPTIC	N OF INCID	ENT/Staff	阿达 拉克斯·俄里亚	SPRINGS AND STREET	LONG TOWN TOWN COMMON C	<u> </u>
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Person respon	nsible for individuated before?	al's care at tin	ne of incident: س	xploitation	and the second	□Injuries of Unk	nown Origin
Was anyone of	ened before?	Yes ⊅No		· · · · · · · · · · · · · · · · · · ·	<i>'''' - '''</i>	איניין איני בניים	Frakul
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DOH-HFL&C FAX (888-576-0012)
FOR CARE CLIENTS: FAX TO CYFD-LCA: 505-827-4595
When faxing Information that is not on this form please label It with resident's name and incident date.

INCIDENT REPORT Page 1 of 3

Case # 15-66-66

Assigned to P. Schnifer

On 6-4-15

Due 6-10-15

Name of F	irst:	Middle: Las			0.21597			
Consumer		L.g.	-		SSN;		Date of Incident:	
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Person Completin	g Sections 18	2						
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Address:	a Caranto			Standards	& Compliance		1	
3695 Hot Springs	Blvd.	City: Las Vegas, NM	Zip:		County:	Pho	no	
			8770	· I	San Miguel	1	''e.	
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Legal Guardian	Guardian Nar	пе & Рћоле #:	Date:	12) or e-mail; inc	cident.manager	ment@state.r	ım.us	
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Other			City:		State:	Zíp:		
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Revised 04/08/09

New Mexico Department of Health

DOH/DHI Use Ont

HELSC INCIDENT DEDOCT	L&C INCIDENT	REPORT (S	SEY 2010)	3 W
HFL&C INCIDENT REPORT (SFY 20 Name of Firs	10) Case #: SECTI	ON 1 - CONS	LIMER INFO	PAGATION
Consumer	Middle:		ları	CINATION
Social			C. Warner	
Security #	Gender:	□Male	DOB.	
Residence Street Address:		difemale		
Address 3695 HOT Springs	Blud City: L	nsvegn	Zip	Phone:
Consumer Competency Level ADLs (Resident	Needs Assistance Miles	Charle Att Ti	8-7701	505
		Transfer Tree	Apply	
Diagnosis(es): Schru Atketue Plo	- OCD -	Cultinates 1100	al Care XI None	Verbal dies □No
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SECTION 2 - DESCRIPTION OF INCIDE	NT(Staff person with the m	nst direct knowled	NEW THIRD THE LABOR THE	Providence Statement of Brown and
	YPE OF ALLEGED IN	CIDENT	ic of incident fills o	ut this section.)
Person responsible for individual's care at time Has this happened before? Yes SNo	of incident: Nm 643	PSISE/	Injuries of Unknown	own Origin
Has this happened before? □Yes □No		11211100	was facillet	`
Was anyone else present at the time of the incid	dent: □Yes □No	If Yes, Identify I	relow:	
Ivarne:	Title or Relationship:		Phone:	
Name:	Title or Relationship:		Phone:	
Date Incident Occurred: Dute Reported Tin	ne:	1	□PM □Unkn	
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DOH-HFL&C FAX (888-576-0012)
FOR CARE CLIENTS: FAX TO CYFD-LCA: 505-827-4595
When faxing information that is not on this form please label it with resident's name and incident date.

INCIDENT REPORT Page 1 of 3

Additional Information for case # 15-06-06

Name of F	rst;	Middle: L	ast:			SSN			
Consumer		L.				- Ciclia			Date of Incident:
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Always notify DOI- Legal Guardian	I/DHI withIn 24	hours via FAX:	· (888_57	6 0040	NO DEST				
Legal Guardian	Guardian Name	& Phone #:	Date	0-0012)	or e-mail: i	ncident.r	nanagemeni	@state.i	nm us
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as a replacement for your written signature.

Date: 06 (03/15 INCIDENT REPORT Page 2 of 3

and investegations. You canot tell him how you found out cuase he will know who send this letter. locked away. Also hundreds of dollars of there money to. John vigit is the psych tech superviser at the arches. We will send to HR patient avocate was told and everybody knows that superviser john vigil has a lot bottels of the patientes meds in his desk, and some are ativans and narcotics